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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration of Nursing Home Administrators
239 Causeway Street, Suite 200, 2nd Floor, Boston, MA 02114
(617) 973-0800

INITIAL AND RENEWAL

DEEMED STATUS APPLICATION

Instructions: Massachusetts health care or educational organizations seeking “Deemed Status” for continuing education programs and activities must complete this application. The Board of Registration of Nursing Home Administrators must review and approve all initial and renewal applications. The Deemed Status of all currently approved organizations expires December 31, 2006. Initial and renewal applications, once approved, will expire December 31, 2009. Organizations may apply for deemed status at any time.

Check one:

Initial Application ☐

Renewal Application ☐

Deemed Status Number _____

I

Organization Name: _____ Phone Number: _____

Business Address (Street): _____

City/Town: _____ State _____ Zip Code _____

Website Address: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

II

List all names under which the applicant conducts or intends to conduct business:

III

Instructions:

- For INITIAL application, submit the documents listed below.
 - For RENEWAL application, submit the documents listed below for:
 - ALL NEW PROGRAMS; and,
 - all current programs if there have been changes in faculty or significant changes in course programs since the last renewal.
 - If there have been NO changes in faculty and course content, submit a list of all courses currently offered with items d, g, and h below.
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- a) An outline of each Nursing Home Administrator-related course the applicant intends to offer, including topics to be covered and the amount of time to be given to each topic
 - b) A copy (or list of) each course manual and the materials to be used in training
 - c) A description of the teaching methods to be used (i.e., video, hands-on, lecture, etc.)
 - d) A list of all instructor names and their resumes
 - e) An example of the evaluation or examination given for each course
 - f) A copy of the certificate given to successful course participants
 - g) Student to instructor ratio to be used
 - h) Number of continuing education credits for proposed course.

IV

To be signed and dated by the Organization's Contact Person:

I, _____, will ensure that all continuing education activities
(Print Name and Title)
presented, sponsored, or approved by my organization will meet all applicable program content and administrative guidelines pursuant to 245 CMR 2.12(4).

SIGNATURE: _____ DATE: _____

Board Use Only

Approved by Board on: -- / -- / ----